

On Developing our Empathic Capacities to Work Inter-culturally and Inter-ethnically: Attempting a Map for Personal and Professional Development

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ABSTRACT *In the early 1990s, American multicultural counselling theorists generated a matrix of '31 multicultural counselling competences' that were enthusiastically adopted by the various psychotherapeutic professional bodies there. This paper constitutes an attempt to blend these original hypotheses of desirable therapist capacities and characteristics within the current circumstances reflecting the British cultural context. The original US matrix is included here and two new 'maps' of competences are introduced. Copyright © 2010 John Wiley & Sons, Ltd.*

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INTRODUCTORY THOUGHTS

Culturally skilled counsellors (psychotherapists, counselling psychologists etc) understand how race, culture, ethnicity and so forth affect personality formation, vocational choices, manifestation of psychological disorders, help seeking behaviours and the appropriateness or inappropriateness of counselling approaches. They understand and have knowledge about socio-political influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping and powerlessness all leave major scars that may influence the counselling process. (Sue et al., 1992, 482)

The above introductory statement by Sue et al. begins to indicate the enormity and complexity of the terrain into which we need to enter, as therapists, to enhance our empathic capacities to work with difference.

This quote inevitably reflects the North American origins of the authors and the time frame within which it was written. Nevertheless, this was a most important statement at the time within the concerns emerging from the field of 'multicultural counselling' (as it

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was called then within the US). I have taken the liberty of reducing some aspects of this quote to plain, rather than bold type, as an indication of two issues that probably have much less resonance today, particularly within the UK counselling and psychotherapy scene. In taking further liberties with this original quote and attempting to update it for contemporary times, I would add:

They, (i.e. therapists), also need to understand and have knowledge about dominant group socio-political influences and processes; e.g. white-awareness, power and privilege, identity development and institutional racism.

The world of today is profoundly multicultural, multiethnic and multinational. Many millions of people worldwide are continually on the move to new cultures, new places to live, to work, to seek shelter and so on (Christodoulidi and Lago, forthcoming). Indeed, it is estimated that one in every 35 people in the world today is an international migrant (Koser, 2007). In addition to the above extraordinary statistic, most societies in the world also have different long-term minority and majority ethnic communities within them.

There is a continuing need to be addressing the professional issues that arise in counselling, psychotherapy and clinical psychology in relation to therapist and client difference and diversity. This is an ‘ongoing challenge’ (Lago, 2006a).

ATTEMPTING A MAP

This phrase in the title is intentional here. ‘Attempting’ is the operational word!

One of the difficulties in sketching out a map, particularly in how I communicate it in this paper, is not to just present a set of way-marks, a range of ‘do’s and don’ts’, or a dry list of key recommendations. I would like to be able to involve you in considering and fleshing out the terrain, the inter- and intra-personal dimensions of the therapeutic drama when engaged in by two persons (or more) of differing cultural, ethnic, and ‘racial’ origins.

We must also remember that a map is just an aide to a journey: ‘the map is certainly not the territory!’

The clinical consequences of this are that:

- As a therapist you must be continually vigilant as to what your perceptions, projections and behaviours are towards a client whom you conceive to be different or diverse.
- As a therapist you also need to be aware of your own ‘otherness’, your various identities, and the projections that the client may have towards those.
- A client who is manifestly ‘other’ will not necessarily be bringing any concerns to the therapeutic process that are (explicitly) to do with ‘diversity’...
- No client is reducible to a set of identities, to a set of expectations, a set of theoretical postulates, a range of assumptions...
- Our task is to co-create a ‘good-enough’ relationship with the client that fosters therapeutic capability.
- Even with a map (informed by our theoretical position, previous experience, supervisory support, etc.) we still have to make the journey... and it is not an easy journey for anyone...

The 'map' will hopefully assist us in our journeying with clients but it must not become the only guide for the way we interact with the client.

SOME OTHER CONSIDERATIONS WITHIN THIS TERRAIN

1. Culture and Personality

Over 50 years ago, Kluckholm and Murray (1953) hypothesized that every person is – in certain respects:

- like all other persons;
- like some other persons;
- like no other person.

This set of hypotheses underlines the complexities and contradictions that beset this particular field of study and professional application. The first statement would imply that any therapist might proceed to work on their normal set of assumptions about how humans are and how they operate in the world. They could retain their normal theoretical position – the client being like themselves – and there might be few surprises in the therapeutic dialogue. At the other end of the spectrum, therapists might have very little theoretical or indeed clinical confidence in what they were doing and become permanently frozen by anxiety about their quality of practice as perceived by the client! To have all three hypotheses operational at the same time, which is precisely the challenge of therapeutic endeavours across difference is to hover between the opposing tensions of the view – '*underneath, everyone is the same*' and the opposite – that differences are considerable, serious and require constant attention to ensure clear and sensitive communication.

Consequently, there is a tension, in the world of therapy, between a 'universalist' perspective – where therapists believe that 'The way I work therapeutically can be applied to working with all clients, whatever their origins or identity', and a 'client-diversity' or 'client-in-context specific' approach. This would be exemplified by the following stance: 'In working with a client from a particular (and different) cultural, racial, ethnic group I will need to bear in mind and be sensitive

- to the many issues that impact upon their ways of being in the world, their history, their upbringing, their levels of acculturation, etc.;
- to the many aspects of their identity – many of which, to the outsider, could appear to be contradictory and confusing;
- to their specific usage of language and their conveyance of meaning;
- and how all these might relate (or not) to my own views of the world, my attitudes, my prejudices and relationships;
- and to my own identity/ies (both as experienced by me and potentially how experienced by the client);
- and how these might impact upon the client;
- whilst also appreciating the cultural underpinnings and limitations of my theoretical stance.'

2. On Diversity

The current focus on ‘Diversity’ within therapy has been of great value in the professional therapeutic field in its attention to the many facets of difference between humans and how these differences impact upon the therapeutic process. Moodley and Lubin, (2008) call these the ‘big 5 stigmatised identities –race, gender, sexual orientation, class and disability’. (They also refer to the ‘big 7’ where they also include religion and age.) Yet this very focus on generalized diversity might overshadow the specific complexities raised within therapeutic pairings and settings where issues of cultural, ethnic and racial difference exist.

3. Therapy is a social process (Lago and Smith, 2003; Tuckwell, 2002; Schmid, 2001)

It (therapy) therefore constitutes a location in which the larger society’s dynamics are inevitably present within the attitudes, concerns, beliefs and behaviours of both participants in the interaction, the therapist and the client. Carter provides data, both from his studies of therapeutic dyads and from relationship type studies that suggest that a therapist’s actions (i.e. intentions) and affects, perhaps because of their position of power, have a greater impact on the psychotherapy process than the client’s reactions (Carter, 1995, 228). These findings, Carter asserts, ‘*strongly indicate the importance of training a therapist to explore the meaning and significance of their own race and to understand how race influences perceptions of self and the client.*’

THREE MAPS!

Having briefly explored some of the values and underpinning complexities of daring to map this professional terrain, I have attached three different models of mapping!

1. The old map revisited and revised (Map One)

The first ‘map’ should rather, more accurately, be termed a matrix. It is listed here as the first map depicted as it has its origins in the groundbreaking work of Sue et al. in 1992. Conceived originally as a basis for outlining the need and rationale for a multicultural perspective in counselling, the Professional Standards Committee of the (American) Association for Multicultural Counselling and Development went much further in proposing 31 multicultural counselling competencies and urged the counselling profession in the US to adopt these as accreditation criteria. The significance of this original matrix by Sue et al. is evidenced by the fact that it was published simultaneously in two of the leading professional journals at that time.

Two years later Sadowsky et al. (1994), published their own version of a matrix in which they listed competencies under the terms: skills, awareness, relationship and knowledge.

More recently, Roy Moodley and Dina Lubin from the University of Toronto have updated the original matrix (by Sue et al.) and this updated version has been published in the edited text by Palmer and Bor (2008).

In preparing this paper, I obviously had to go back to the earlier works cited above and consequently found myself ‘tinkering’ still further with some of the detailed hypotheses.

Map One, (featured below,) is thus my attempt to blend the original versions of desirable therapist capacities and characteristics within the current circumstances reflecting the British cultural context.

	<i>Therapist awareness of assumptions, values and biases</i>	<i>Understanding the world view of the 'culturally different' client</i>	<i>Developing appropriate intervention strategies and techniques</i>
Attitudes and beliefs	Therapists are aware of AND how their own cultural, ethnic, (gender, sexual beliefs,) attitudes, experiences will influence the psychological process. Therapists are comfortable with 'differences' between them and their clients.	Therapists are aware of their emotional reactions, stereotypes and preconceived notions towards 'others'. Therapists are able to contrast their own beliefs and attitudes to those of clients in a non-judgemental way.	Therapists respect clients' spiritual beliefs and values; indigenous helping practices; and value bi/tri/multi-lingualism. Therapists recognise different communication styles; are sensitive to non-verbal and para-linguistic clues, and engage in honest self-reflection of negative and positive relational phenomena. Therapists are committed to a career long process of systematic reflection and supervision on their work and seek out opportunities to work with and consult colleagues from other diverse origins.
Knowledge	Therapists are aware and sensitive to their own and their clients' ethnic, cultural, (gender and sexual) histories. Therapists have knowledge and understanding of how oppression, discrimination and stereotyping operate within society and affect them personally and in their work. Therapists are cognisant of their own identity development.	Therapists possess both general knowledge about working across diversities and specific knowledge and information about particular groups they work with. Therapists have understanding of how the socio-political environment influences and impinges upon the lives of those in minority groups.	Therapists have clear knowledge of limits of therapy and how these may clash with minority group values; are aware of institutional barriers preventing minorities' access to mental health services. Therapists keep constantly in mind the tension between their modes of assessment, review and interactive styles and the cultural and linguistic characteristics of their clients. Therapists have an ongoing commitment to knowledge enhancement throughout their careers.

	<i>Therapist awareness of assumptions, values and biases</i>	<i>Understanding the world view of the 'culturally different' client</i>	<i>Developing appropriate intervention strategies and techniques</i>
Skills	Therapists are committed to ongoing personal/professional development Therapists are aware and skilled in working with interpreters and other support workers.	Therapists should familiarize themselves with relevant research regarding various groups and seek out educational opportunities that enrich their knowledge, understanding and skills. Therapists seek to understand the work of other healing traditions/healers.	Therapists are flexible in the ways they interact with clients having different cultural and linguistic origins and needs. Therapists are comfortable working with interpreters/translators. They can make appropriate referrals to other (e.g. bi-lingual) therapists and healers. Therapists are open to engage in advocacy work with clients where appropriate. Therapists are able to work in the political/public/institutional arena.

Key recommendations for 'multiculturally/diversity' skilled counsellors

- From Sue, D. W., Arredondo, P. & McDavis, R. J. (1992.) Multicultural counselling competencies and standards: a call to the profession. *J. of Counseling and Development*.70, 477–486.
- With additional ideas from Moodley, R. and Lubin, D (2008) Developing your Career to Working with Multicultural and diversity Clients. In Palmer, S. & Bor, R. (Eds.) *The Practitioners Handbook*. London: Sage.Chapter 10. Pp 156–175.
- And Lago, C. (2008) Conference presentation.

2. My first cartographic attempt! (Map Two)

Map Two represents my initial lateral thinking, depicting the multifarious elements and phenomena that have the potential to impact upon the therapeutic dyad in which difference and diversity exist. Many of the elements that are detailed are, of necessity, defined as single terms. Inevitably and ideally, each of these terms require and deserve fuller explanation of their meanings- a development that occurs partially in the descriptions accompanying the following Map Three.

3. Map Three: interconnecting domains

Following the production of the second map, I spent some time dwelling upon this range of phenomena and finally opted for the diagrammatic representation of interconnecting domains, which I've presented below. The overlapping interconnections that are depicted graphically are deliberate and follow the ideal of what is familiarly known as 'joined-up'



Figure 1. Factors impacting upon the multicultural therapy relationship.



Figure 2. Professional domains for multicultural therapist training and development.

thinking! That is, it seems absolutely vital that these various qualities, (and indeed the various sub-elements depicted later in this article within each category) operate seamlessly within the personality and practice of the therapist.

The separate domains are listed as follows:

- **Personal and professional qualities.** (Therapeutic relational competencies.)
- **Primary knowledge and understanding.** (Diversities, 'isms' and power.)
- **Further knowledge and understanding.** (Working with Specific Communities.)
- **Awareness.** (Of self, cultural origins, identity, communication style and outside influences.)
- **Professional competencies.** (Therapeutic, groups, systemic, linguistic and theoretical.)
- **Professional commitment.** (Learning, supervision, ethics, research and outreach.)
- **Context/s.** (Background, interview context, location, ritual, etc.)

THE VARIOUS DOMAIN CONTENTS

Each of the seven domains featured in map three contains within it a series of sub-elements. Space prevents a fuller exposition of each of these (56) sub-elements here.

However, an introductory paragraph to each domain offers an explanatory rationale for the various sub-elements. In some cases, references have been added to some components to guide readers to further source materials.

For the purposes of the graphic production of this map, there, inevitably, has had to be a simplification of the positioning of many of the detailed components below. In everyday practice, however, these various components inevitably would interrelate in many different ways across different domains, as determined by circumstances.

PERSONAL AND PROFESSIONAL QUALITIES (THERAPEUTIC RELATIONAL COMPETENCIES)

The third 'map' featured in this article locates seven domains of desirable therapeutic qualities in a cluster, at the centre of which I have positioned these 'therapeutic relational competencies.' The relationship is at the centre of our work and without this, it is likely that very little therapeutic progress may be achieved. (As the following qualities are so familiar to psychotherapeutic practitioners, I have not offered any references to further reading in this section.)

The following qualities are listed under this heading:

1. **Acceptance**
2. **Humility**
3. **Humanity**
4. **Compassion**
5. **Encounter capacity**
6. **Relational capacity**
7. **Empathy**
8. **Motivation.**

PRIMARY KNOWLEDGE AND UNDERSTANDING (DIVERSITIES, 'ISMS' AND POWER)

This domain advocates the importance of understanding the complex societal mechanisms that perpetuate discrimination and oppression within society.

The first point below seeks to encourage therapists to not only understand the operational nature of the different 'isms' in society (sexism, racism, 'disablism' and so on) but to understand how they, themselves, are affected and impacted by them. All of us, by virtue of being in society, are subject to these pernicious attitudinal forces, whether we apparently 'gain' or 'lose' from them.

The elements of this domain include:

1. **Understanding the 'isms'.** (See Willie et al. 1995, Ridley, 1995.)
2. **Power/powerlessness.** (See Carotenuto, 1992; Proctor, 2002)
3. **Black Issues.** (See McKenzie-Mavinga, 2009.)
4. **Whiteness.** (See Tuckwell, 2002; Lago, 2006b and Ryde, 2008.)
5. **'Race.'** (See Carter 1995.)
6. **Culture.** (See Hall, 1959, 1966, 1976, 1983; Hofstede, 1980.)
7. **Ethnicity.**
8. **Other diversities/identity intersections.** (See Moodley, 2003.)
9. **Communication values.** (Casse, 1981.)
10. **An understanding and appreciation of equal opportunities legislation.**

FURTHER KNOWLEDGE AND UNDERSTANDING (WORKING WITH SPECIFIC COMMUNITIES)

Within this third domain of professional development I have listed those aspects of behaviours and beliefs that are pertinent to the communities (probably geographically local to the counsellor/psychotherapist) from which the clients come. This domain therefore recommends the acquisition of awareness and knowledge of the relevant local communities to specifically inform and enhance the counsellor's own therapeutic capacity.

1. **Understanding culturally differing notions of 'wellness'.** (What does it mean to be well?)
2. **Understanding differing help-seeking behaviours.**
3. **Understanding of cultural and religious beliefs.**
4. **Having access to and being prepared to use 'culturally relevant' referral resources.**
5. **An awareness of different 'helping' interventions.** (Traditional healers/herbalists, etc.)
6. **Knowledge of local politics in relation to community relations.**
7. **Specific cultural differences and preferences.**
8. **Majority/minority group relations. Social exclusion factors and consequences.**
9. **Understanding 'culture shock'.** (Furnham and Bochner, 1986)

10. **Understanding the impact of trauma and PTSD.** (For example, ‘Asylum seekers’, as one particular diverse group, may have suffered terrible trauma and torture in their background.)
11. **Histories – of origins/ settlement patterns /transitions/ experiences, etc.**
12. **An understanding of place-related, process-related and relationship-related perception of one’s own sense of belonging in the world.** (This point directly relates to point numbers 1–3 and 5 and 6 in the following domain.) How do we understand how ourselves and our clients fit in?

AWARENESS (OF SELF, CULTURAL ORIGINS, IDENTITY, COMMUNICATION STYLE AND OUTSIDE INFLUENCES)

The map is only as good as the reader! With even the most detailed maps of local terrain, orienteers and mountain runners frequently go off course through not paying full attention to the real terrain and the map they are using. This domain is therefore a critical component in the *modus operandi* of the therapist. Working with clients presumes an ongoing commitment to one’s own awareness and self-development combined with a continuous focussed attention towards the client whilst holding relevant knowledge in mind. (As with orienteers, successful therapeutic progress is ensured through a ‘mindful’ combination of the map, the terrain and attention to self!)

1. **Stereotypes.** What are my stereotypes? Where do they come from? Etc.
2. **Who am I ‘culturally’ speaking?** What are my origins? How might they help or hinder my transcultural therapy work?
3. **Awareness of your own position within Ethnic Identity Development.** (See Carter, 1995; Lee, 2006)
4. **‘Whiteness.’** (See Frankenberg, 1993.)
5. **Personal values.** (How do these compare with other ‘world’ values?) (See Kluckholm and Strodbeck, 1961.)
6. **Communication style.**
7. **Openness to complexity and challenge.**
8. **Impact of the media.** (See Troyna, 1981, Hartman and Husband, 1974.)

PROFESSIONAL COMPETENCIES: (THERAPEUTIC, GROUPS, SYSTEMIC, LINGUISTIC AND THEORETICAL)

The transcultural therapist requires a wide range of working competencies that extend way beyond those required within monocultural and monolingual circumstances. For example, the use of interpreters can be immensely helpful to the therapeutic process, yet, not managed well or used without skill, this facility can undermine the very work that is being attempted. We also have to consider learning other languages to enhance our capacity for direct communication with clients. Working transculturally also means that we have to be open to and capable of work with groups, rather than individuals.

1. **Core therapeutic competencies.**
2. **Working with interpreters.** (See Tribe R, Raval H, 2003.)

3. **Accessing ‘cultural’ interpreters.** (Accessing someone who can offer insights into other cultural frameworks.)
4. **Learning of other appropriate language/s, greetings and key words.**
5. **Competency and comfort in group work.**
6. **Capacity to critique own theoretical model in relation to other value perspectives.**

PROFESSIONAL COMMITMENT (LEARNING, SUPERVISION, ETHICS, RESEARCH AND OUTREACH)

1. **Ensuring ongoing learning and professional development.**
2. **Ongoing supervision.**
3. **Appropriate consultation.** (Specialist sources.)
4. **Reviewing ethical stance in relation to ongoing work.**
5. **Commitment to the research process.** (Initiating, supporting and engaging with research activities. Noting new research writings.)
6. **Supporting those in training.**
7. **Engagement with and support of development work in your agency to enhance client access to therapeutic and other services.**
8. **Creation of personal/professional links to local communities.**
9. **Supporting the training of therapists from minority groups.**

CONTEXT/S (BACKGROUND, INTERVIEW CONTEXT, LOCATION, RITUAL, ETC.)

There is considerable evidence to show how we are impacted (positively and negatively) by our environs, access to nature, colours, smells, aesthetics, space and so on. Yet, the nature of ‘context’ is little discussed in much of the psychotherapeutic literature. What are the effects and impacts of the environment upon people? How does the nature of agency location, internal décor, advertising, etc., affect clients? How much attention do we give to constructing therapeutic environments?

1. **Impact of context (location, decoration, climate,) in which you work.**
2. **The impact of personal backgrounds upon the potential working alliance.**
3. **Who else is involved and how sensitively?** (Role of reception and other staff/ appointment making procedures, etc.)
4. **Ensuring ongoing agency commitment to monitor working practices and provide ongoing training opportunities.**
5. **Therapist and agency openness to consider the use of other more culturally relevant/acceptable interview locations.**

SUMMING UP

I hope the above maps are of assistance in considering the wide variety of elements of therapist skills, behaviour, awareness and knowledge that are called upon in working

transculturally. This article, initially derived from a lecture I gave last year, has taken me a long time to put together and much of that germination period has been spent in internal arguments with myself as to the justification of each of the above recommended domains and elements. I am very mindful, therefore, that this is not the definitive statement but rather a work in progress that will be subject to further change and modification over time.

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